

# Case-Based Discussion (CBD)

## CASE-BASED DISCUSSION FOR HIGHER SURGICAL TRAINING IN GENERAL SURGERY

Trainee's name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Hospital: \_\_\_\_\_ Current Hospital: \_\_\_\_\_

Subspecialty (if any): \_\_\_\_\_

Year of Training\*: Year 1 / 2 / 3 / 4  
Others (please state): [     ] Training Period: \_\_\_\_\_

Case setting\*: Inpatient                      Outpatient

Clinical Problem\*: Surgical emergency / Trauma                      End of Life Care                      General

Hospital Number / Outpatient Number: \_\_\_\_\_

\* Please circle as appropriate.

### TRAINEE'S REFLECTIONS ON THIS ACTIVITY

What did I learn from this experience?

What did I do well?

What do I need to improve or change? How will I achieve it?

### ASSESSOR'S COMMENTS ON THIS ACTIVITY

#### RATINGS

N=Not observed / I=Improvement required / S=Satisfactory / A=Above Average / E=Excellent / NA=Not applicable

Domain	Rating	Specific Comments	GLOBAL SUMMARY		TICK
			Please <u>tick</u> the overall level at which the CBD was performed.		
1. Medical record keeping			Level 0	Need improvement	
2. Clinical assessment					
3. Diagnostic skills and underlying knowledge base					
4. Management and follow-up planning			Level 1	Appropriate to the year of HST training	
5. Clinical judgement and decision making					
6. Communication and team working skills					
7. Leadership skills			Level 2	Level beyond HST	
8. Reflective practice/writing					
9. Professionalism					

### FEEDBACK

Verbal and written feedback is a mandatory component of this assessment.

General

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Time taken for observation (mins): \_\_\_\_\_ Time taken for feedback (mins): \_\_\_\_\_

Assessor's name: \_\_\_\_\_ Assessor's institutional e-mail address: \_\_\_\_\_

Assessor's signature: \_\_\_\_\_ Trainee's signature: \_\_\_\_\_

#### General guidelines on CBD

Trainees must complete at least 1 of this form in every 6 months of surgical training; AND submit the forms to the College Secretariat together with the half-yearly assessment during January and July.

^ Copy of this form should be made and retained by the trainee for his / her personal record of curriculum.